



DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF RESOLUTION MANAGEMENT
181 Knollcroft Road Building 16
Lyons, NJ 07839

March 1, 2016

In reply refer to: (08H)

VIA: UPS Tracking Number: 1ZA509W8A696997654

Carlos Almodovar
[REDACTED]

Dear Mr. Almodovar:

I am closing the informal counseling on the matter you presented to this office on February 8, 2016, Case Number: 200H-0402-2016102073. Your complaint is as follows:

Basis	Sex (Male)
Claim 1	Promotion/Non-Selection
Evidence of Date of Occurrence	On January 22, 2016, AP was not selected for the Radiology Supervisory Diagnostic Radiologic Technologist, GS-0647-12, Announcement Number VHA-402-15-LLR-1531368, Vacancy ID 1531368 position.
Remedy	Compensated at the GS-12 level
Claim 2	Promotion/Non-Selection
Evidence of Date of Occurrence	On October 9, 2013, AP was non-selected for the Lead Diagnostic Radiologic Technologist, GS-0647-10, Announcement Number VHA-402-13-JEG-934527, Vacancy ID 934527 position.
Remedy	Compensated at the GS-10 level
Claim 3	Training (Denied)
Evidence of Date of Occurrence	On April 19, 2012, AP was not selected for the MRI Training opportunity.
Remedy	Unspecified

Upon receipt of this letter please notify me no later than 5 business days whether the above information is incorrect.

I have enclosed a copy of the Notice of Right to File a Discrimination Complaint (including VA Form 4930). At this point, you have two options available to you. To help you make your decision, I have also enclosed a link to the Equal Employment Opportunity Commission's (EEOC) website for an overview of the guidelines on the federal sector EEO complaint process. <http://www.eeoc.gov/federal/>

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Page 2

Notice of Right to File a Discrimination Complaint

Name of Aggrieved: Carlos Almodovar

Case Number: 200H-0402-2016102073

Please select one of the options below as your final decision:

Option 1: You can choose to file a formal complaint of discrimination on some or all of the claim(s) listed above. If you wish to file a formal complaint, please complete, sign, and date the VA Form 4939; returning the form to one of the addresses listed on the *Notice of Right to File a Discrimination Complaint*.

If you decide to file a formal complaint, you have 15 calendar days from receipt of this notice in which to do so. Please do not mail the VA Form 4939 to me; your formal complaint must be mailed to one of the addresses listed on the first page of the enclosed *Notice of Right to File a Discrimination Complaint*.

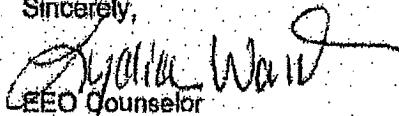
Upon receipt of a formal complaint, the Office of Resolution Management (ORM) will review your complaint and determine if the claim(s)¹ raised meet(s) EEOC's procedural requirements for continued processing.

If your complaint meets procedural requirements and is accepted by ORM for investigation, you will be given the opportunity to submit any documentation in support of your allegations of discrimination to the ORM investigator assigned to investigate your complaint, as part of the process for gathering evidence relevant to the merits of your accepted claim(s). There is no need to provide evidence in support of your claim(s) until notified that your claim(s) is accepted for investigation.

Option 2: You can take no further action, indicating your wish not to pursue the allegations listed above any further.

If you have any questions or need assistance, please call me at (216) 707-7720 or on our toll free number at 1-888-737-3361, ext. 20160.

Sincerely,



EEO Counselor

Enclosure: Notice of Right to File a Discrimination Complaint
VA Form 4939

¹ A claim is the action(s) the Agency has taken or is taking that causes the aggrieved person to believe s/he is the victim of discrimination for which, if proven, there is a remedy under the federal equal employment statutes. It is important to limit your description of the specific claim(s) to one or two sentences.



Office of Resolution Management

Department of Veterans Affairs

NOTICE OF RIGHT TO FILE A DISCRIMINATION COMPLAINT

Aggrieved Person: Carlos Almodovar
Case Number: 200H-0402-2016102073

1. If you are not satisfied with the results of the informal EEO process and believe that you have been subjected to discrimination because of race, color, religion, sex, national origin, age, disability, genetic information, or retaliation, you have the right to file a formal complaint of discrimination. If you decide to file a formal complaint, you must do so **WITHIN FIFTEEN CALENDAR DAYS OF RECEIPT OF THIS NOTICE.**
2. Attached is VA Form 4939, Complaint of Employment Discrimination. If you choose to file a formal complaint at this time, use this form, and carefully read the instructions on the reverse side before completing it. The counselor is available to assist you in filling out this form and to answer any questions you may have about it. If you require assistance, please contact your counselor immediately. Please note that the **15 calendar day** time frame will not be extended due to your need to seek my assistance in completing this form.
3. You may file a complaint in person, by mail, fax, or e-mail with the District Manager or with the Deputy Assistant Secretary for Office of Resolution Management (DAS/ORM). Their addresses are listed below:

District Manager
Department of Veterans Affairs
Office of Resolution Management (ORM)
10701 East Blvd.
Cleveland, OH 44106

Fax: (216) 707-7618

Deputy Assistant Secretary (DAS)
Office of Resolution Management (ORM)
810 Vermont Avenue, NW
Washington, DC 20420

If you file a complaint with the DAS/ORM, you must also provide a copy to this ORM District Office. Failure to provide a copy to this ORM District Office will only delay the processing of your complaint.

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Notice of Right to File a Discrimination Complaint

Aggrieved Person: Carlos Almodover

Case Number: 200H-0402-2018102073

4. You must identify each claim you are protesting and provide the date on which each occurred. Your complaint must be limited to the claim(s) you discussed with the counselor. Therefore, if there are any claims that you have not discussed with the counselor, you must do so immediately. Regulations require that you provide the Department with an opportunity to resolve each claim informally at EEO counseling.
5. You are entitled to representation at every stage of the complaint process. You may choose anyone as a representative, unless the person occupies a position within VA that would create a conflict of interest. If you do select a representative, you must inform this ORM District Office, in writing, of the representative's name, telephone number, and business address.
6. If you are a member of the bargaining unit, you may have the right to dispute the events discussed with the counselor through the union grievance procedure. Regulations provide that you may file either a grievance or an EEO complaint about the events in dispute, but not both. Should you file both, whichever you file first (a union grievance or an EEO complaint) will be considered an election to proceed in that forum.
7. If you are complaining about a matter that may be appealed to the Merit Systems Protection Board (MSPB), you may file an EEO complaint or an MSPB appeal, but not both. Whichever you file first (a formal EEO complaint or an MSPB appeal) will be considered an election to proceed in that forum. If the counselor can be of further assistance to you, please advise.

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COMPLAINT CASE NUMBER:

OMB NO. 2500-0710
EXPIRATION DATE: MAY 31, 2018
RESPONDENT BURDEN: 30 MIN.

Department of Veterans Affairs

COMPLAINT OF EMPLOYMENT DISCRIMINATION

Read the instructions on the reverse side of this form carefully before completing the front of this form.

1. NAME (Last, first, middle initial) (Please print)	3. MAILING ADDRESS	4. WORK TELEPHONE NUMBER (Include Area Code)
2. EMAIL ADDRESS		4b. PRIMARY TELEPHONE NUMBER (Include Area Code)

5. ARE YOU:	6a. JOB TITLE, SERIES AND GRADE	7. NAME AND ADDRESS OF VA FACILITY WHERE DISCRIMINATION OCCURRED
<input type="checkbox"/> A VA EMPLOYEE		
<input type="checkbox"/> AN APPLICANT FOR EMPLOYMENT	6b. SERVICE/SECTION/PRODUCT LINE	
<input type="checkbox"/> A FORMER VA EMPLOYEE		

NOTE: For each employment related matter that you believe was discriminatory, you must list the basis (at one or more of the following): Race (Specify), Color (Specify), Religion (Specify), Sex (Male or Female), National Origin (Specify), Age (Provide date of birth), Disability (Specify), Genetic Information (including family medical history), and/or Retaliation for participating in the EEO process or opposing unlawful discrimination.

8. CLAIM(S)	9. BASIS	10. DATE OF OCCURRENCE (Include the most recent date(s))
<p>(What employment related claim(s) - personnel actions, incidents, or events) caused you to file this complaint? Briefly state the specific claim, personnel action and/or event that caused you to file this complaint. Use an additional sheet of paper if necessary. You should not include information that violates the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA). Some examples are patient medical records, personnel records of other VA employees, etc.)</p>		

11. REMEDIES SOUGHT (Use an additional sheet of paper if necessary)

12a. DO YOU HAVE A REPRESENTATIVE?	12b. PROVIDE THE NAME AND ADDRESS OF YOUR REPRESENTATIVE	12c. TELEPHONE NUMBER (Include Area Code)
<input type="checkbox"/> YES <input type="checkbox"/> NO		

12d. IF "YES", IS HE OR SHE AN ATTORNEY?	12e. EMAIL ADDRESS
<input type="checkbox"/> YES <input type="checkbox"/> NO	

13a. HAVE YOU CONTACTED AN EEO COUNSELOR?	13b. NAME OF EEO COUNSELOR	13c. DATE OF INITIAL CONTACT WITH ERM
<input type="checkbox"/> YES <input type="checkbox"/> NO		

14. If you contacted an EEO Counselor more than 15 calendar days after the Date(s) of Occurrence, listed in item 10, or if this complaint is filed more than 15 calendar days after receipt of a Notice of Right to File a Dissemination Complaint, you must explain why you were unable to seek EEO counseling or unable to file a complaint. (Use an additional sheet of paper if necessary.)

15a. HAVE YOU FILED A UNION GRIEVANCE ON ANY CLAIM(S) LISTED ABOVE?	15b. IF "YES", LIST THE CLAIM(S) AND DATE GRIEVANCE FILED	15c. HAVE YOU FILED AN APPEAL WITH THE MERIT SYSTEM PROTECTION BOARD (MSPB) ON ANY OF THE CLAIMS LISTED ABOVE?	15d. IF "YES", LIST THE ISSUE(S) AND DATE MSPB APPEAL FILED
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

17a. HAVE YOU FILED THIS COMPLAINT WITH ANYONE ELSE?	17b. IF "YES", PROVIDE THE NAME AND ADDRESS	18. DATE
<input type="checkbox"/> YES <input type="checkbox"/> NO		

16. SIGNATURE OF COMPLAINANT (Do not print)	
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VA FORM 4939
MAY 2015SUPERSEDES VA FORM 4939, MAR. 2013,
WHICH SHOULD NOT BE USED.000054

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COMPLAINT OF EMPLOYMENT DISCRIMINATION INSTRUCTIONS

Please read the following instructions carefully before you complete this form. Please complete all items on the complaint form.

GENERAL: Pursuant to the Equal Employment Opportunity Commission (EEOC), Title 29 Code of Federal Regulations (29 C.F.R.) §1614, VA Form 4935, Complaint of Employment Discrimination, can be used by VA employees, former employees and applicants for employment who file a formal Equal Employment Opportunity (EEO) complaint of discrimination. This regulation prohibits discrimination based on race, color, religion, gender (sex), national origin, age (40 years and over), physical or mental disability, genetic information (including family medical history), and/or reprisal for participating in the EEO process or opposing unlawful discrimination.

You can obtain assistance from your EEO Counselor in filling out this form. Your EEO Counselor can also answer any questions you may have about this form. In item 9, you should specify the basis of your complaint: race, color, religion, gender (sex), national origin, age (*date of birth*), physical or mental disability (*specific information about your disability*), genetic information (including family medical history), and/or reprisal for participating in the EEO process or opposing unlawful discrimination. If you list "Reprisal," please state the nature of the prior EEO activity in which you were engaged, i.e., did you file a prior EEO complaint? Use an additional sheet of paper, if necessary.

It is very important that you be precise as to the dates of all actions or events you are proceeding. In addition, the claims listed in item 9, must be limited to those claims discussed with an EEO Counselor *at least once within 45 calendar days of occurrence of the event, or within 45 calendar days of the effective date, if a personnel action* or like or related claims. If any of the claims listed in item 9 were discussed with an EEO Counselor, but not within 45 calendar days of their occurrence or of their effective date, you must explain why you waited more than 45 calendar days. If any of the claims listed in item 9 were not discussed with an EEO Counselor, please contact the Office of Resolution Management (ORM), Regional EEO Office IMMEDIATELY. The requirement that you contact an EEO Counselor about every claim listed in item 9 will not be waived under any circumstances. Failure to do so will only delay the processing of your complaint.

It is your responsibility to keep the (ORM) informed of your current address. If you move, immediately advise the ORM Field Office where you filed this complaint of your new address. In addition, you may receive certified and express mail in connection with your complaint. It is your responsibility to claim all certified and express mail. Failure to notify ORM of a change in address or to claim certified and express mail may lead to dismissal of your complaint.

REPRESENTATION: You may have a representative of your own choosing at all stages of the processing of your complaint. No EEO Counselor, EEO Investigators, or EEO Officers may serve as a representative. (Your representative need not be an attorney, but may an attorney representative may sign the complaint on your behalf.)

WHEN TO FILE: Your formal complaint must be filed within 15 calendar days of the date you received the "Notice of Right to File a Discrimination Complaint" (NRTC) from your EEO Counselor. If you do not meet this time limit you must explain why you waited more than 15 calendar days to file. These time limits may be extended under certain circumstances; however, they will NOT be waived and your complaint will NOT be investigated unless you explain your unreasonableness and the extension is acceptable in accordance with EEOC, 29 C.F.R. §1614(c).

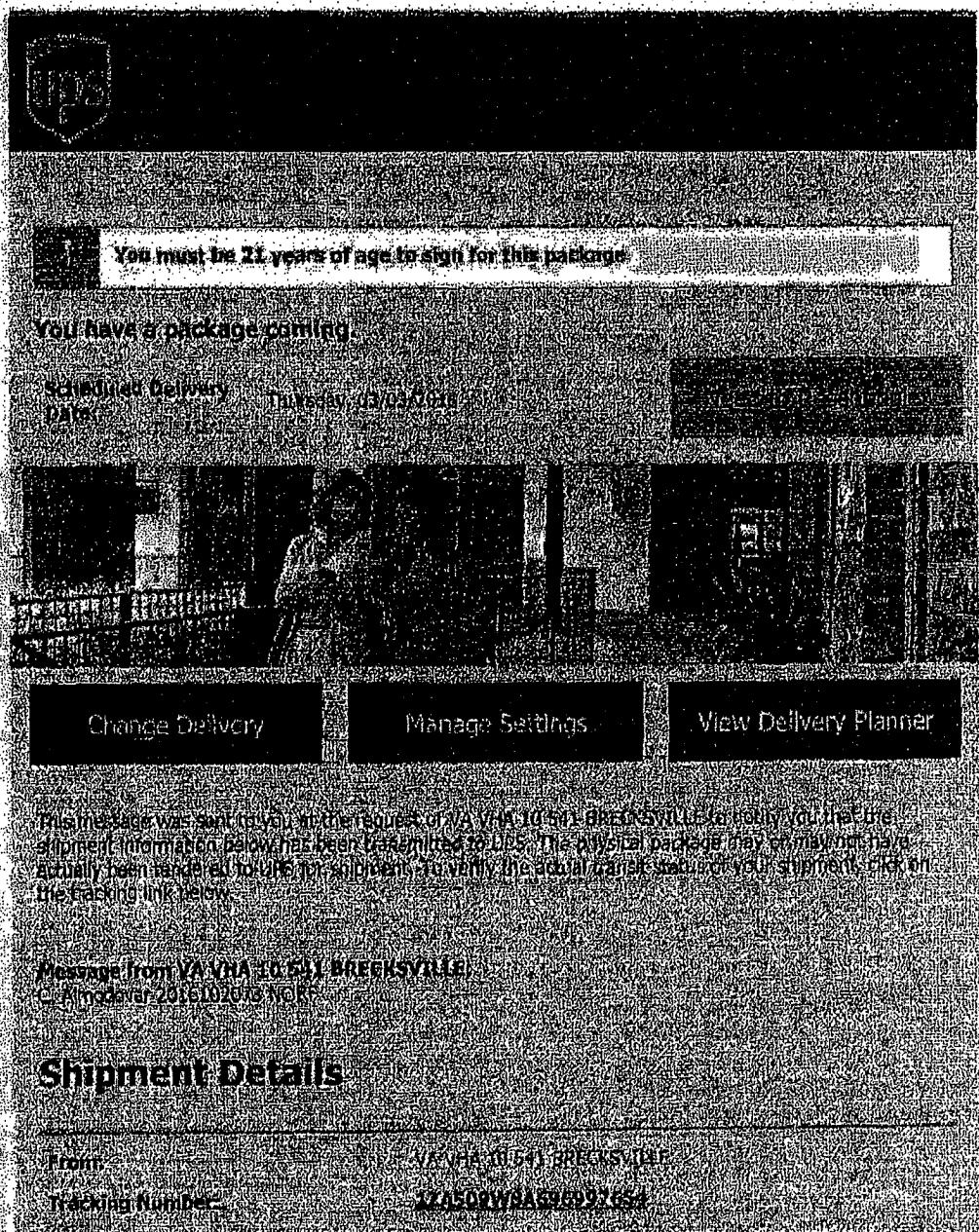
WHERE TO FILE: The complaint should be filed with the ORM Field Office identified in the NRTC or the Deputy Assistant Secretary for ORM. You may submit a copy either by mail, in person, electronically (via e-mail), or by facsimile. Filing instructions are contained in the cover letter attached to the NRTC.

PRIVACY ACT STATEMENT: Maintenance and disclosure of VA Form 4935 is made in accordance with the Privacy Act of 1974. Collection of the information on this form is authorized and/or required by the regulations of the EEOC, 29 C.F.R. §1614. All records, from which information is retrieved, by the name or personal identifier of a respondent, are maintained by a Government-wide System of Records: EEOC(GOV'T-1), Equal Employment Opportunity Complaint Records and Appeal Records. The information collected will be used by ORM to determine whether your complaint is acceptable for investigation and in connection with any subsequent investigation and processing of your complaint. In the course of any investigation, this form may be shown to any individual who may be required by regulations, policies or procedures of the EEOC and/or ORM to provide information in connection with this complaint, including individuals you may have identified as responsible for the acts or events at issue in this complaint. Other disclosures may be: (a) to respond to a request from a Member of Congress regarding the status of the complaint or appeal; (b) to respond to a court subpoena and/or to refer to a district court in connection with a civil suit; (c) to disclose information to authorized officials or personnel to adjudicate a complaint or appeal; or (d) to disclose information to another Federal agency or to a court or third party in litigation when the Government is party to a suit before the court.

RESPONDENT BURDEN STATEMENT: In accordance with the Paperwork Reduction Act of 1995, The Department of Veterans Affairs (VA) may not conduct or sponsor, and the respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is 2900-0716. The collection of this information is voluntary. However, the information is necessary to determine if your complaint of employment discrimination is acceptable for further processing in accordance with EEOC, 29 C.F.R. §1614. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the form. Send comments regarding this burden estimate or any other aspects of this collection, including suggestions for reducing this burden, to VA Clearance Officer (005RIB), 810 Vermont Avenue, Washington, DC 20420. SEND COMMENTS ONLY. DO NOT SEND THIS FORM, A COMPLAINT OF EMPLOYMENT DISCRIMINATION, OR REQUEST FOR BENEFITS TO THIS ADDRESS.

Ward, Lydia (ORM)

From: UPS Quantum View <pkginfo@ups.com>
Sent: Tuesday, March 01, 2016 1:41 PM
To: Ward, Lydia (ORM)
Subject: [EXTERNAL] UPS Ship Notification, Tracking Number 1ZA509W8A696997654



UPS needs to verify your signature for delivery. If you do not sign for the package, the delivery information below has been transmitted to UPS. The physical package may already have been delivered to the recipient. To verify the actual delivery status, sign in to the tracking interface.

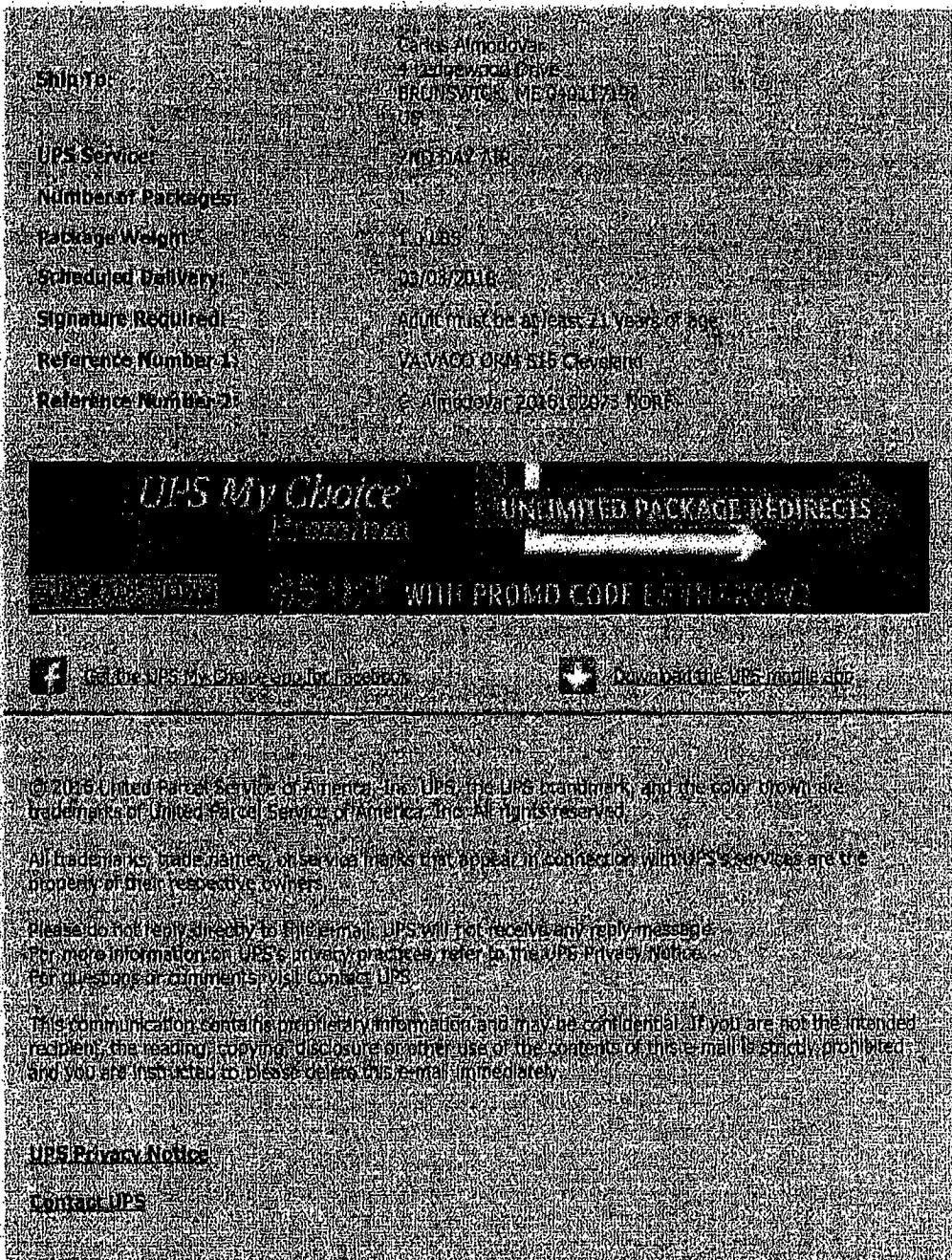
Message from VA-VNA 301541-BREKSVILLE
VA-VNA 301541-BREKSVILLE
VA-VNA 301541-BREKSVILLE

Shipment Details

From: VA-VNA 301541-BREKSVILLE
Tracking Number: 1ZA509W8A696997654

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009859



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UPS CampusShip Shipment Label

Page 1 of 1

[UPS CampusShip: View/Print Label](#)

1. **Ensure there are no other shipping or tracking labels attached to your package.** Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.
2. **Fold the printed label at the solid line below.** Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.
3. **GETTING YOUR SHIPMENT TO UPS**
Customers with a Daily Pickup
Your driver will pickup your shipment(s) as usual.

Customers without a Daily Pickup

Take your package to any location of The UPS Store®, UPS Access Point™ location, UPS Drop Box, UPS Customer Center, UPS Alliances (Office Depot® or Staples®) or Authorized Shipping Outlet near you. Items sent via UPS Return Services™ (including via Ground) are also accepted at Drop Boxes. To find the location nearest you, please visit the Resources area of CampusShip and select UPS Locations.

Schedule a same day or future day Pickup to have a UPS driver pickup all your CampusShip packages.

Hand the package to any UPS driver in your area.

UPS Access Point™

THE UPS STORE

11470 EUCLID AVE

CLEVELAND, OH 44106

UPS Access Point™

RUMI'S MARKET & DELI

8225 CARNEGIE AVE

CLEVELAND, OH 44103

UPS Access Point™

PAGETOWN WIRELESS

8808 SUPERIOR AVE

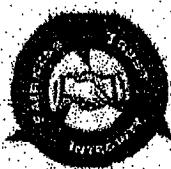
CLEVELAND, OH 44106

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Office of Resolution Management

Department of Veterans Affairs

NOTICE OF WITHDRAWAL OF EEO COMPLAINT

Case Number: 200H-0402-2016102073

On February 8, 2016, I contacted the Office of Resolution Management to initiate an equal employment opportunity (EEO) complaint. The EEO counselor advised me of my rights and responsibilities during the EEO complaint process.

I am withdrawing this EEO complaint in its entirety. I am making this decision of my own free will and without coercion.

Carlos Almodóvar, Aggrieved Person

Date

Revised June 2015.

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